S. No.

54

PLACE OF DEATH
ounty Charles



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 108

| | Registration Dist. No. |
|--|--|
| Village or City Neigher well (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) | 16 DATE OF DEATH , 192 , 193 (Year) , 194 , 195 (Year) , |
| 6 DATE OF BIRTH (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended the deceased from 1935 to Jacob 1923 that I last saw him Shead when I Jacob 1/192 |
| 7 AGE If LESS than day hrs. day hrs. | The CAUSE OF DEATH * was as follows: |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Baces Mad | (Duration) Contributory Cont |
| 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 W 13 ONAME OF FATHER 14 Manual Barbar 15 ONAME OF FATHER 16 Manual Barbar 17 ONAME OF FATHER 18 ONAME OF FATHER 18 ONAME OF FATHER 19 ONAME OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 ONAME OF FATHER 12 ONAME OF FATHER 13 ONAME OF FATHER 14 ONAME OF FATHER 15 ONAME OF FATHER 16 ONAME OF FATHER 17 ONAME OF FATHER 18 ONAME OF FATH | (Signed) (Address) House M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| 12 MAIDEN NAME OF MOTHER Passesian Cedams 13 BIRTHPLACE OF MOTHER (State or Country) by My, les my | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, |
| (Informant) James Marriage (Address) Hay Land Telegram 15 Filed 7/2/3 3 192 Eva Okabbelear | Former or usual residence |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write Nonc. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) telanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

t may be properly classified. on back of certificate. PERSONAL AND STATISTICAL PARTICULARS S SINGLE 4 COLOR OR RACE MARRIED should be carefully supplied. AND SILVER IT may be IN AND IT IN THE SECOND SECOND OF THE SECOND SECO WIDOWED.
OR DIVORCED
(Write the word) 6 DATE OF BIRTH (Day) (Month) IIf LESS tha 7 AGE I day h 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Every item of information sho CIANS should state CAUSE Catatement of OCCUPATION is OF FATHER PARENT (State or country) 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) TO (Informant) Filed If more branks are needed, addre.s State Regist

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 157

| St.: Ward) | (If death occurred in a hospital or institu- |
|------------|--|
| | tion, give its NAME in- |
| ue. | number.) |
| | |

| Contributory Musting Curation Transfer of Recent Residents) The CAUSE OF DEATH * was as follows: (Duration) (Du | _ | MEDICAL CERTIFICATE OF DEATH |
|--|-----|--|
| (North) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1923 to | | 16 DATE OF DEATH Luly 5 1933 |
| Interest Certiff, That I attended the deceased from 1933, to 1933, to 1933, to 1933, to 1933, and that death occurred on the date stated above, at 10 m. The CAUSE OF DEATH * was as follows: Duration 1933, to 1933, and that death occurred on the date stated above, at 10 m. The CAUSE OF DEATH * was as follows: Contributory Attended 1930, to 1 | | |
| that last saw has alive on last state above, at last saw has alive on last state above, at la | = 1 | |
| and that death occurred on the date stated above, at | | |
| and that death occurred on the date stated above, at | 2 | 1 1/15 23 |
| Contributory Mustural Manuel Manuel Manuel Mustural Mustural Contributory Mustural Contr | _ | The same of the sa |
| Contributory Mustural Manuel Manuel Manuel Mustural Mustural Contributory Mustural Contr | n | and that death occurred on the date stated above, at m. |
| Contributory Alexand Contributory Contributor | 8. | |
| Contributory Attestinal Jennesse ds. (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. Where was disease cantracted, if not at place of death Former or usual residence 19 PLACE OF BURIAL OR REMOVAL MANNING MAN | 5 | J. J |
| Contributory Attestinal Jennesse ds. (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. Where was disease cantracted, if not at place of death Former or usual residence 19 PLACE OF BURIAL OR REMOVAL MANNING MAN | | Despland Ceres |
| Secondary Duration Signed October Secondary Ostate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death with mos. ds. State with mos. ds. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. | | |
| Secondary Duration Signed October Secondary Ostate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death with mos. ds. State with mos. ds. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. | | |
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| Secondary Duration Signed October Secondary Ostate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death with mos. ds. State with mos. ds. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. Where was disease cantracted, if not at place of death. | - | Contributory Intestinal Themore off |
| State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death with mos. ds. State with mos. ds. Where was disease cantracted, if not at place of death. Tormer or usual residence. 19 PLACE OF BURIAL OR REMOVAL MATE OF BURIAL MANNING. MA | | Secondary |
| State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death with mos. ds. State with mos. ds. Where was disease cantracted, if not at place of death. Tormer or usual residence. 19 PLACE OF BURIAL OR REMOVAL MATE OF BURIAL MANNING. MA | | Duration you mos ds. |
| State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death with mos. ds. State with mos. ds. Where was disease cantracted, if not at place of death. Tormer or usual residence. 19 PLACE OF BURIAL OR REMOVAL MATE OF BURIAL MANNING. MA | | (Signed) Tee. Geolinell M. D. |
| Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death wrs. mos. ds. State yrs. mos. ds. Where was disease cantracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL MANNEY, Md, July 6, 1988 | - | July 6 1933 (Address) Marling md |
| ients or Recent Residents) At place of death | _ | State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| At place of death wis mos. ds. State wis mos. ds. Where was disease cantracted, if not at place of death. Former or usual residence | | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| of death yrs mos ds. Where was disease cantracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Manuay, Md, July 6, 1988 | | |
| Former or usual residence | | |
| 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Markey, and, July 6, 1983 | - | Where was disease contracted, if not at place of dea.h? |
| Markey, Ind. July 6. 1.83 | | |
| Markey, Ind. July 6. 1988 | | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 20 py DERTAKER (CD ADDRESS 1 1) | | Marlury, Md. July 6. 1983 |
| | | 20 MINDERTAKER // ADDRESS |
| Ment & Tayon Vicaday at | | Hent's Trym Walder th |
| r, 16 W. Saratoga St., Balfo., Requesting V. S. No. 1. | _ (| do W. S St. P. IV. Proposting V. S. No. 1 |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each-and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm tauorer, Lauverer en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fromon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Housenuid, etc. If the occupation has been changed r," etc., Foreman, For many occupations a single word or term on (b) Cotton mill; (a) without more precise specification as For persons who have no occupation (b) Automobile foctory. The material Salesman, (b) Grocery, Day

Strtement of Cause of Death—Name, first, the DIS-EAR OF AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feror (the only definite synonym is "Epidemic cerebros; insl meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approve as fracture of skull, and consequences (c. g., sepsis, letanus) national ted under the head of contributory."
>
> (Recommendations on statement of cause of death carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Americal Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF MUULT State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Medica. by Committee on Nomenclature Medical Esociation.) Example: Mcaslcs (disease affection need not be etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a l qu stions answered in death it will present further correspondence. All the data is essential and must be obtained before the certificate is permanently med.

| ry item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- | INS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact | d |
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| n d | nou | tement of OCCUPATION is very important. See instructions on back of certificate. |
| iten | S | nen |
| 7 | 2 | ten |

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Charles | CERTIFICATE OF DEATH |
| | Registration Dist. No. 108 |
| Village or City Here Lunder (No. | St.: Ward) (If death occurred in |
| 2FULL NAME 200 manne | St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 2 5 , 1923 |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Day) (Year) | that I last saw halive on last 192 |
| 7 AGE few menute If LESS than 1 day | and that death occurred on the date stated above, at |
| yrs. mos. ds. or min.? | £ 1 == 1 |
| (a) Trade, profession or | Trem alund went |
| particular kind of work (b) General nature of industry | *************************************** |
| business, or establishment in which employed or (employer) | (Durstion)yrsmosds. |
| 9 BIRTHPLACE | Contributory morher worked dung day to |
| (State or country) | Secondary and coursin healt |
| 10 NAME OF | (Duration) yrs mos ds. |
| FATHER LOQUEL Reed | (Signed) Oary Co. Chapter M. D. |
| of FATHER At. man les | July 2 1953 (Address) Lag havele Ty |
| Z (State or country) | V *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother mane | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER Office Andrew | ients or Recent Residents) At place In the of deathyrsmosds. |
| (State or Country) Lohn les net | Where was disease contracted. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| (Informant) Laurence Thank - | usual residence |
| (Address) I Les herrie 24 | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 7 6 600 | 20 UNDERTAKER ADDRESS |
| Filed 7/25/33192 Gra Chaffelian Registrar | Laure Theat Hoy kinds met |
| If more hundre are needed address State Registers | 16 W. Saratova St., Balto., Requesting V. S. No. 1. |

07071

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, sary to know to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. valvular heart The contributory Always qualify all disease; not be

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S. No. 1. >

1 PLACE OF DEATH

| County County | | CERTIFICATE OF DEATH |
|---|---|---|
| The Ody | 2/ | Registration Dist. No. 105 |
| Village or City | (No, | St.; Ward) [If death occurred in |
| 600 | 1 14-10.1 | a hospital or institution, give its NAME instead |
| ² FULL NAME CHIN | ark T Dute | of street and number.] |
| PERSONAL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 100 | | OF DEATH (MILLI 16 2 |
| | OR DIVORCED Write the word) | (Manth) (Day) (Year) |
| 6 DATE OF BIRTH | This the word) | I HEREBY CERTIFY That I attended deceased from |
| luck. | 1 | , 191 , to , 191 , 191 |
| (Month) | (Day) (Year) that I is | ist saw halve on the desett 191 |
| 7 AGE | 1 4 1 500 4 | t death occurred on the date stated above, at |
| 2 | I Bay, | JSE OF DEATH * was as follows: |
| yrs, mos. | ds. OR min.? | JOE OF DEATH * Was as follows: |
| (a) Trade, profession, or | - | Marie A Marine |
| particular kind of work | | |
| (b) General nature of ladustry business, or establishment in | *************************************** | |
| which employed (or employer) | 7.7. | (Duralion) yrs. mos. d |
| 9 BIRTHPLACE (State or country) | Cont | ributoryadary |
| 1 10 mars of 0 | ugan | (Buration) yrs mos d |
| 10 NAME OF FATHER | 1 (Signed) | B. C. Missery 2 M. |
| 11 BIRTHPLACE L | auch A | o lardiner |
| Z OF FATHER (State or country) reduce | esture ra | State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT |
| C 12 MAIDEN NAME | CAUSE | s, state (1) Means of Injury; and (2) whether Accidental, all or Homicidal. |
| of MOTHER USTA | Mindleyn 18 LENGT | H OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS |
| 13 BIRTHPLACE OF MOTHER | Or REC | ENT RESIDENTS) |
| (State or country) | custon It of death | yrsmesds. State,yrsmesd: |
| 14 THE ABOVE IS TRUE TO THE BEST OF | | disease contracted, ace of death ? |
| (Informant) Educated 7 | Former or | |
| | usual rooid | *** |
| (Address) 1340 Face | MINIST NO PLACE | OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 /4 / 27 | | 2 MALLE GILLE 11MIA. 10 %. |
| | 1 | 7 100 |
| Flied Ly | MINES 20 NOE | RTAKER ADDRESS A |

STATE OF MARYLAND

DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Parm laborer, Laborer of the second statement. Nover return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Ciwil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the Diblash Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diplitheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations spicide. The nature of the injury, as fracture of skull and consequences (e. g., sepsis, telanus) may be stated hand-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, mus, to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUBLIPERAL perilonilis," etc. State cause for which birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marus-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopmeumiania (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping nephriles, etc. Nomenclature of the American Medical Association.) " "Old Age," "Shock," "Uraemia," "Weakness," The contributory (secondary or intercuras "Puerperal septichacmia, Examples: Accidental drowning; Never report mere wound of

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

4

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | (148) |
| County Charles . | Registration Dist. No. 102 |
| | NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| an an an an an | sds How long in U.S. if of foreign birth?yrsmosds |
| 2. FULL NAME Elizabeth Procy W | red dring |
| (a) Residence: No. | St., Word. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Temple White OR DIVORCED (write the word) | (Month) (Day) (Year) |
| a. If married, widowed, or divorced HUSBAND of (or) WIFE of Street William Welding | 22. HEREBY CERTIFY, That I attended deceased from |
| DATE OF BIRTH (month, day, and year) | I last law h. Q alive on 19 3 ; death is seice |
| AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, et 12219a.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | were as follows: Dilatation dewettage of utorus necessita. Date of onset |
| 9. Industry or business in which work was done, es SILK MILL. | Sew Carriage on |
| SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) vear) 11. Total time (yeers) spent in this occupation occupation | June 19th 1933. |
| 2. BIRTHPLACE (city or town) Charles Co- (State or country) | Other Contributory Causes of importance: |
| 13. NAME W. P. Pozey. | Elbler what days |
| 14. BIRTHPLACE (city or town) Chast. Co. | Name of operation Arc an Judge 19-193 Bate of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? No. |
| 15. MAIDEN NAME Ella Banie. 16. BIRTHPLACE (city or town) Chan Co (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19 |
| 7/- 1 | Where did injury occur? (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE, |
| 7. INFORMANT (Address) | opening money in many country in money or an robell FLACE. |
| 18. BURIAL, CREMATION, OR DEMOVAL Place LIUS 10 as Date July 18, 193 | Manner of injury |
| 19. UNDERTAKER Hunt Rugary (Addiess) Walder 16 mg | 24. Was disease or injury in eny way related to occupation of deceased? |
| 20. FILEDERLY / V., 19.3.3 John, & Madrot | (Signed) M. (Address) |

If more blanks are negled, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1 ä

PHYSICIANS should state

of OCCUPA-

properly classified. Exact statement

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be

RGIN RESERVED FOR BINDING

A PERMANENT RECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V.S | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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| 1 | . PLACE OF DE | ATH | | | | |
|--------|--|---|----------------|--|---|-------------------|
| | County C1 | rarla | 4 | | Registration Dist. No | 7 |
| | Village or City | han | rely | | No. | Wa |
| | Length of residence to | city or town where | death occurred | (I | f death occurred in a horpital or institution, give its NAME instead of street and s. How long In U.S. if of foreign birth?yrs. | number) |
| , | . FULL NAME | Stry | | | yis. | mos |
| - | (a) Residence: No | | V | | Ct Word | |
| 240000 | (a) Residence. No | *************************************** | (Usual place | e of abode) | St., Ward. If nonresident give city or town as | nd State |
| | PERSONAL A | ND STATIS | FICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | 13 m | LOR OR RACE | | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH (Month) (Day) | , 193_3 (Year) |
| 5a. | If married, widowed, or of HUSBAND of (or) WIFE of | ivorced | | | 22. I HEREBY CERTIFY, Thet I ettende | |
| 6. 1 | DATE OF BIRTH (month, | day, end year) | 7-6 | - 33 | I last saw h alive on | |
| | AGE Years | Months | Days | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| Z | 8. Trade, profession, or kind of work do | particular e. as SPINNER | | | | Date of on |
| ATION | kind of work do SAWYER, BOOK! | | | | un com | |
| CUPA | work was done, a | SILK MILL. | | | | |
| Ö | 10. Date deceased last this occupetion (| nonth and | II. Total | time (years) ent in this | | |
| 12. | BIRTHPLACE (city or tow (State or country) | | 2n d | upation | Other Contributory Causes of importance: | |
| ا يم | 13. NAME | -1 1- | | | | |
| FATHER | 14. BIRTHPLACE (city of | , | md | | Name of operation Date of | |
| ~ | 15. MAIDEN NAME | 2 | · 13. | | What test confirmed diagnosis? Was there an | |
| MOTHER | | 7 | 201 | | 23. If death was due to external causes (VIOLENCE) fill in also the following | |
| 읽 | 16. BIRTHPLACE (city or (State or country | | K.F. M. | | Accident, suicide, or homicide? Date of injury Where did injury occur? | , 19 |
| 17. | INFORMANT (Address) | v.m | mya | | (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P | ate) LACE, |
| 18. | BURIAL, CREMATION, OF | . 6 / | Date | -6 - ,19 <u>.5</u> 3 | Manner of injury | |
| 19. | UNDERTAKER | 2 | nory | deres. | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20. | FILED 7 % | 1933 | 7. 4. 74 | Registrar. | (Signed) P. A. Thylian (Address) Nanai | /N |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example H The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL | SPACE I | FOR FURTHER | STATEMENTS | BY | PHYSICIA | IN |
|------------|---------|-------------|------------|----|----------|----|

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the misease causing death, Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day work, or At Home, en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Woin-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it worked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation If the occupation has been changed and children, not gainfully em-But In many

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Piphtoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quences head ment of Poisoned by carbol's acid-probably suicide. The nature of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) train-decident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. Always qualify all Examples: taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerpenal scp!icacmic," "Puerpenal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Wecknes:" ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Ethausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unlers important. Example: Measles (disease vulsions." causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menof "contributory." (R-commendations on state-.. (name origin; "Cancer" is less definite; avoid (e. g., scpsis, tctanus) may be stated under the cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), cough; Accidental drowning; Struck by railway Never report mere symptoms or terminal Chronic valvular heart disease; The contributory Measles; (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. It the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

...... Ward)

(If death occurred in hospital or institution, give its NAME instead of street number.)

MEDICAL CERTIFICATE OF DEATH

(Day) I HEREBY CERTIFY, That I attended the deceased from

.....(Duration)yrs......mos.....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether

13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

State, yrs..... mos.....

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

RGIN

BINDING

RESERVED

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fremen, etc. But ln many eases, especially in industrial employments, it is necesnature of the business or industry, and therefore an additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; The material Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Ceal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-As examples: (a) worked ou may form part of the second statement. work, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed or given up on account of the pishase causing beath, state occupation at beginning of illness. If retired from tired 6 yrs.). For persons who have no occupation gaged in domestie service for wages, as Servant, Cook, husiness, that fact may be indicated thus: Farmer (re-(a) Foreman, (b) Automobile factory. should be used only when needed. Civil engineer, Stationary whatever, write None.

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as inges, peritonacum, etc., Carcinoma, Sarcoma, ete., of (nume origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meastes; Whooping cough; Chronic valvular heart discase; unqualified, is indefinite); Tuberculosis of lungs, men-The contributory (secondary or Intercurrent) affection need not be causing death), 29 ds.; Bronchopneumonia (secondconditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Heart failure." "Haemor-"Uraemla," "Weaknes:" ctc., when a definite disease Always qualify all ary), 10 ds. Never report mere symptoms or terminal rhage," "Inanition." "Marasmus," "Old Age," "Shock," "PUERPERAL seplicacmia,"". PUERPERAL peritonitis," etc. State cause for which surgical operation was under-For VIOLENT DEATHS State MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental dronening; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The naquences (e. g., sepsis, tetanns) may be stated under the ture of the injury. as fracture of skull, and couse-(Recommendations on statement of cause of death approved by Committee on Nomenelature of the American Medical Association.) stated unless important. Example: Measles Chronic in: crstitial nephritis, etc. can be ascertained as the cause. head of "eontributory."

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

ARGIN RESERVED

state of infor-

pluods

OCCUPA-

| No. (If death occurred in a horpital or institution, give its NAME instead of street and number) n where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. St., Ward. (Usualplace of abode) St., Ward. (Usualplace of abode) St., Ward. (Usualplace of abode) St., Ward. (If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased (Month) (Day) (Yeith of the word) (Yeith of the word) (Yeith of the word) (Nonth) (Day) (Yeith of the word) (Yeith of the word) (Nonth) (Day) (Yeith of the word) (Nonth) (Day) (Yeith of the word) (Yeith of the w | 0 | 1,2, |
|--|------------------------------|--|
| (If death occurred in a hospital or institution, give its NAME instead of street and number) where death occurred yes mos. ds. How long in U.S. If of foreign birth? St. Ward. (Usual place of abode) XTISTICAL PARTICULARS OR DIVORCED Compite the word) OR DIVORCED Compite the word? OR DIVORCED Compite the word? If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of Meath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide, or homicide, or in public PLACE. Specify whether in jury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Wanter of injury. Nature of injury. | | Registration Dist. No. |
| St., Ward. If nonresident give city or town and State | Ulton | |
| (Usualplace of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH OR DIVORCED (surice the word) OR DIVORCED (surice the wor | where death occurredyrs,mos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| (TISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH OR DIVORCED (write the word) OR DIVORCED (word) OR DIVORCED (write the word) OR DIVORCED (word) OR DIVORCED (| - H & Risa | |
| (TISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH OR DIVORCED (write the word) OR DIVORCED (word) OR DIVORCED (write the word) OR DIVORCED (word) OR DIVORCED (| 0001= | |
| MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY. That I attended deceased from the ways of the properties of the pro | A Claudeless of shods) | |
| 22. I HER EBY CERTIFY, That I attended deceased and to have occurred on the date stated cloves, of the principal of the word of the principal | | |
| OR DIVORCED (write the word) Recompliance of the word) Recompliance of the word of the properties of the propert | | |
| Illast say h alive on 1933, to 1933, death in to have occurred on the date stated above. In 1933, death it to have occurred on the date stated above. In 19 | | 7 - /3 - 193 3 |
| Date of Date o | nths Days If LESS than | I last say have on alive on 19.33, to fact 13. 19.33; death is said to have occurred on the date stated above, 10.1, m. |
| 11. Total time (years) spant in this occupation Dither Coutributory Causes of Importance: Name of operation What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) A Handle | 97 J ormin. | were as follows: Date of onset |
| 11. Total time (years) spent in this occupation Dither Coutributory Causes of Importance: Name of operation Name of operation What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) Accident was due to external causes (VIOLENCE) fill in also the following: Name of operation Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | ER, farm | Extranslary |
| Description Description Description Description Manner of injury Date 1 1 1 1 2 2 Manner of injury Nature of injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) | • | |
| What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury in eny way related to occupation of deceased? If so, specify (Signed) A Harphare | occupation | Dither Coutributory Causes of Importance: The Substitution of the |
| What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) Shape | mad. | No. of the state o |
| 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occurred Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) L. Handler | | |
| Accident, suicide, or homicide? Date of injury 19. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) Shape Accident Specify 19. (Signed) Shape of injury 19. Accident, suicide, or homicide? Date of injury, 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | 2 10. | |
| Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) Nature of injury A B A A A A A A A A A A A A A A A A A | hid. | Accident, suicide, or homicide? |
| of k. Hindre (Signed) L. B. Heyelsen | mstry Date 7 -1 8 - , 19 3 3 | |
| | J. L. Hindon | 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) |
| If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | Registrar. | (Address) Mayke ch |

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

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| PLACE | OF | DEATH |
|---------|----|-------|
| ounty 6 | h | culer |

C

STATE OF MARYLAND CERTIFICATE OF DEATH

107-00)

Registration Dist. No. 108

| | Registration Dist. No/(). |
|---|---|
| Village or City Stry karrie (No | St.: Ward) St.: Ward) A hospital or institution, give its NAME in stead of street and number. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH Sept Month) (Day) (Year) | (Month) 4 (Day) /953 (Year) 17 HEREBY CERTIFY, That I attended the deceased from 18 July 1923 to 1923. that I last saw h a slive on 1923. |
| 7 AGE 7 AGE 7 AGE 7 AGE 1 If LESS than I day hrs. or min.? | and that death occurred on the date stated above, at |
| a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Bronche Jesumania + Lanstion : 6 changes Cugos (Durstion) yes mos 6 de |
| 9 BIRTHPLACE (State or country) Charles Cas and 10 NAME OF FATHER John Of Roles | Contributory Secondary (Duration) (Signed) (Signed) (Address) (Address) (Contributory (Duration) (Duration) (Duration) (Duration) (Signed) (Address) (Address) |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) (State or Country) (State or Country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Informant) (Address) Filed 7/5/33 192 Good Reffeler Registrar | 19 PLACE OF BURIAL OR REMOVAL Peny Country 20 UNDERTAKER ADDRESS Multiple Med |

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Duy laborer, Form loborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (no gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement Foremon, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons, who have no occupation (b) Automobile foctory. The material Solesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a dofinition of the association." 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic volvular heart disease; nephrilis, etc. The contributory Example: Measles (disease Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.;..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OK BACE 5 SINGLE, 16 DATE OF DEATH 3 SEX WIDOWED OR DIVORCED (Write the word) BINDING I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH instructions (Month) (Day) (Year) and that death occurred on the date stated shove 7 AGE If LESS than The CAUSE OF DEATH ' was as follows: I day hrs.yrs.......mos.......ds..or.... min. ? 8 OCCUPATION RESERVED (a) Trade, profession or ain particular kind of work..... (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory Los 9 BIRTHPLACE (State or coun (Duration) (Signed) 1 4 . 198 9 (Address) US 10 *State the Disease Causing Death, or, in deaths from K Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. œ 04 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) OF MOTHER At place In the of death yrs. mos..... da. (State or country) State, yrs. mos. da. should of Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every Item CIANS shou statement o if not at place of death?.... Fermer or usual residence.... 19 PLACE OF BURIAL OR REMOVAL TE OF BURIAL (Address) 15 ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Eath, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). or given up on account of the disease causino death gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; the first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthetc., Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal uneningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; and qualify as Accidental, Suicidal, or Homicidal, or Examples: as probably such, if impossible to determine definitely. taken. For vicient deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes.," cte., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ingos, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory (name origin; "Caneer" is less definite; avoid Whooping cough; "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Chronic valvular heart disease; Struck by railway (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.

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See

MOTHER

(State or country)

16. BIRTHPLACE (city or town). (State or country)

15. MAIDEN NAME

17. INFORMANT (Address)

in plain

CAUSE

LION

carefully

14. BIRTHPLACE (city or town) Nama of operation. What test confirmed diagnosis?.. ----- Was thera an autopsy?_ 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION OR REMOY Manner of injury 1 Date Nature of injury_____ 24. Was disease or injury in any way related to occupation of deceased?___ If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death moans the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | į į | Example 11 | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| | 1PLACE OF DEATH | STATE OF MARYLAND |
|------|---|---|
| | County Chaeles | CERTIFICATE OF DEATH |
| | · Dark | Registration Dist. No. 105 |
| Vil | 2FULL NAME Joseph Sware | St.: Ward) (If death occurred in a hospited or institu- tion, give its NAME in- stead of street and number.) |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Make Love 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH July 30 , 1983 (Month) (Day) (Year) |
| 6 1 | DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| | (Month) (Day) (Year) | that I last saw h deline of when I saw him 192. |
| 7 4 | If LESS than I day hrs. 3 mos. 27ds. or min.? | The CAUSE OF DEATH * was as follows: |
|) p | a) Trade, profession or Octo Michaele | Drowning paccidental Groom |
| Ъ | b) General nature of industry usiness, or establishment in which employed or (employer) League Supply League | (Durstion) yrs, mos J ds. |
| 9 E | (State or country) Charles Los red | Contributory Secondary (Duration) yrs mos ds. |
| | 10 NAME OF HENRY Sware | (Signed) Harry Co. Choppelin M. D. |
| NTS | OF FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| PARE | 12 MAIDEN NAME Sucy Clark OF MOTHER | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| | 13 BIRTHPLACE OF MOTHER (State or Country) Sud | At place of deathyrsmosds, |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| | (Informant) Haust Thomas | Former or usual residence. |
| | (Address) Binnelist nep | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 2, 1933. |
| 15 | Filed Dely 30 1933 M. S. North | Oles Fallen nach. Do. |
| - | If more bianks are needed, address State Registrar | er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Sertant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter. whatever, write None. business, that fact may be indicated thus; Farmer (rcdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Chronic ," etc., when a definite disease Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mis.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 07083 |
|---|--|
| 1. PLACE OF DEATH | (59) |
| County Charlis | Registration Dist. No. |
| Village or City Pomoulacy | NoSt.,Ward |
| V | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (price the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) June 21, 1933 | Flast saw hale alive on July 9 4 , 193 3; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trace, profession, or particular kind of work doled, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK at 1. | Prima luro Firsh |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Data daceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) Promonkey (Stata or country) | Other Cuntributory Causes of importanca: |
| 13. NAME William Bush | |
| 13. NAME William Bush 14. BIRTHPLACE (city or town) & Laures 60 (State or country) | Name of operation Data of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Emplea Turnal | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Mule a Thrmal 16. BIRTHPLACE (city or town) (Stata or country) | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT July 20 1 10 League | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Michael Com Date 7: 16, 1933 | Nature of injury |
| 19. UNDERTAKER John 4 December 19. (Address) | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILED 7-16, 103 Hugh Me. Colores Registrar. | (Signed) I I I SCHOOL M. D. C. M. C. |

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be eomplete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | 1 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory eauses of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR FO | URTHER STATEMENTS BY PHYSIC | CIAN |
|-------------------------|-----------------------------|------------------|
| to authorization or | rchange of date see | with certificate |
| 0 | 0) | A als. |
| | | |

| 3 S | MARRIED, |
|-------|--|
| 3 5 | MARRIED, |
| | mule bal WIDOWED. On DIVORCED gle (Write the word) |
| 6 D | ATE OF BIRTH |
| | (Month) (Day) (Yes |
| 7 A | GE If LESS the control of the cont |
| 2 pr | articular kind of work O) General nature of industry usiness, or establishment in hich employed or (employer) RTHPLACE (State or country) Luculus Lo med |
| | 10 NAME OF FATHER |
| NTS | 11 BIRTHPLACE OF FATHER (State or country) Leudense |
| PAREI | 12 MAIDEN NAME OF MOTHER LESSCHOOL |
| | 13 BIRTHPLACE OF MOTHER (State or Country) Leaden. |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

| eas , | stead of street and number.) |
|---|---|
| MEDICAL CERTIFICATE | OF DEATH |
| 16 DATE OF DEATH | , 192 |
| July (Month) 7 | 3 (Day) /933(Year) |
| 17 I HEREBY CERTIFY, That I a | ttended the deceased from |
| that I last saw halive on | , 192, |
| and that death occurred on the date state. The CAUSE OF DEATH * was as follows: | ed above, at |
| Frantis | 2 Starle |
| | 000,74 assessessessessessessessessessessessesse |
| Contributory Run over | |
| (Signed) Ho. Lo. Cohopp | |
| *State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. | n, or, In deaths from Injury and (2) Whether |
| 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) | oitals, Institutions, Trans- |
| At place In the of deathyrsmosds. | nc ateyrsmosds. |
| Where was disease contracted, if not at place of death? | ************************************** |
| Former or usual residence | |
| 19 PLACE OF BURIAL OR REMOVAL 20 INDERTAKER | DATE OF BURIAL |
| 20 ON DERTAKEN | ADDRESS |
| Henrit + Reyon | maidens my |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, nature of the business or industry, and therefore, an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) engincer, Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death (clanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) can be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic etc. The contributory valvular heart disease; Nomenclature Always qualify all Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

| 1 . | 北台上 | STATE OF MARYLAND | CERTIFICATE OF DEATH |
|----------------|---|--|--|
| 1 | state UPA | 1. PLACE OF DEATH | 3 |
| CA. | onld OCC | County Charles | Registration Dist. No. |
| 11 | should of OCC | Village or City Jonesnkey (If | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| X | . 70 | Length of residence in city or town where deeth occurredyrsmos. | |
| \wedge | NSICIANS | 2. FULL NAME Thomas Magne | der Thomas |
| | RD. IYSI stat | (a) Residence: No. Somonkey Charles Co | St., Ward. If nonresident give city or town and State |
| | RECC. Pri Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | TX 7 | 3. SEX 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| BINDING | ANENA CTI | 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY SERTIFY, Thet i attended deceased from |
| 5 | | (or) WIFE of | , to, 19 |
| BIL | PERM EX. ly cla | 6. DATE OF BIRTH (month, day, end yeer) June 21, 1933 | l lest saw h; deeth is sald |
| 1.1 | IS A PE stated E properly certificate | 7. AGE Yeers Months Days if LESS than | to have occurred on the dete steted above, atm. |
| FOR | IS A I stated proper | 18 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted ceusos of importence were es follows: |
| 4- | | 8. Trade, profession, or perticular | Date of onset |
| | HIS be be of | kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. | W-The sol |
| 2 | ould may back | Kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | D Many and a |
| 岗 | | SAW MILL, BANK, etc | |
| ES | 1 5 5 | D. Date deceased last worked at this occupation (month and yeer) spent in this occupation | A Prillips |
| 2 | ADING I. ed. AGE s, se that ructions o | Para ora bord | Dther Coutributory Causes of Importances |
| K | DIT. | 12. BIRTHPLACE (city or town) (Stata or country) (Stata or country) | V |
| ARGIN RESERVED | ITH UNFADING illy supplied. AGF plain terms, so that. See instructions | | |
| Ξ | UNF, upplie terms e inst | E | Neme of operation Date of |
| | | 14. BIRTHPLACE (city or town) Thanks (Stete or country) Thanks (Stete or country) | What test confirmed diegnosis? Was there en autopsy? |
| | carefully I'll in plain ortant. S | 15. MAIDEN NAME (IMPRILA, (Komas) | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| | 5 ·- a | 15. MAIDEN NAME CIMELIA Thomas 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury 19 |
| | LY | (State or country) Phales C Marriard | Where did injury occur? |
| | | 17. INFORMANT Mary Elizar Thomps | (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. |
| | E PLAINLY, should be cal OF DEATH s very import | (Address) Pontakey Charles Cd. Mid | |
| | Sho Sho E OJ is v | 18. BURIAL, CREMATION OF REMOVAY | Manner of injury |
| (T) | on SE | Plecahetropalitan eft. 10 Date July 10, 19.33 | Nature of injury |
| 0 | -WRITE mation s CAUSE TION is | 19. UNDERTAKER Lylw & Brown. | 24. Was disease or injury in any way releted to occupation of deceased? |
| Zo. 1 | IFOH | (Address) Cum when Man | If so, specify |
| S. No. | m | 20. FILED 7-10- 1932 Analy M Selve | (Signed) Wat Bee Sect facting Com |
| > | Z | Registrar. | (Address) La Plata Mid |
| | | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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certificate.

See

20. FILED

| (13-7) |
|---|
| Registration Dist. No. / O |
| No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| Warren |
| St., Ward. |
| If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 21. DATE OF DEATH |
| (Month) (Day) (Year) |
| 22. I HEREBY CERTIFY, That I attended deceased from |
| , 19, to, 19, 19 |
| I last saw h; death is said |
| to have occurred on the data stated above, atm. |
| The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| |
| no physician |
| Other Coatributory Causes of importance: |
| Bacillay sentary Surretion, unknown. |
| Namo of operation |
| What test confirmed diagnosis? Was there an autopsy? |
| 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| Accidant, suicide, or homicide? |
| Where did injury occur? (Specify city or town, county and State) |
| Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Manage of Inter- |
| Manner of Injury |
| Nature of injury |
| 24. Was disease or injury in any way related to occupation of deceased? |
| (Signed) Le Man Machine Regulate |
| (Address) Les Platie mont |

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|---|-----------------------|---------------|--|---------------|--|
| The principal cause of dea of importance were as follows: | th and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 8110 0 1000 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1967 W. 12 - 2 17 0 V | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUREAU V. | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 07087 |
|--|--|
| 1. PLACE OF DEATH | (3-6) |
| County County | Registration Dist. No. |
| Village or City (II | NDSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos | s/ 4 ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Fraley Briscol | Warren lum |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Jule / 24 , 193 3 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of John Warren and inla whoma | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 18 - 1933 | |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 2 Trade profession or particular | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc | no physicien |
| Industry or business in which work was done, as SILK MILL, | |
| SAW MILL, BANK, etc | - meal such birth according |
| 10. Date deceased last worked at this occupation (month and year) spent in this occupation coupation | to information. |
| 12, BIRTHPLACE (city or town) Charles (3) | Other Contributory Causes of Importance: |
| (Slate or country) | Bacillary Wesen lary: Direction, unknown. |
| # 13. NAME Harry Warren | Cuto? |
| 13. NAME Jarry Warren 14. BIRTHPLACE (city or town). Charles & nd. (State or country) | Name of operation |
| | What test confirmed diagnosis? Was there an autopsy? |
| E Clade Com | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| 71-0740 7410000 | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT (Address) Welcom mg | Specify whether injury occurred in INDUSTRI, in NUML, of im PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL John 19 - | Manner of Injury |
| Place hun Sapul Date July 2, 1933 | - Nature of injury |
| 19, UNDERTAKER Harry Warren. | 24. Was disease or injury in any way related to occupation of deceased? An |
| (Address) The Comment of | If so, specify |
| mouse July 2 33 2 Allem Troses | (Signed) Lillian V osur the M. I |
| 20. FILED Registral | (Address) Lee Plette ng 1 |

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | 1 | | |

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

| STATE OF | MARYLAND— | CERTIFICATE OF DEATH 07088 |
|--|--------------------------------------|--|
| County Chao | | Registration Dist. No. 108 |
| Village or City Male | lm | NoSt., Ward |
| | | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where dea | th occurredyrs,mos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME | a wales | Trashengton |
| (a) Residence: No. | (Usual place of abode) | Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5 | or Divorced (write the word) | 21. DATE OF DEATH (Year) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | Juge | (Month) (Day) (Year) 22. HEREBY CERTIFY, Ihat I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | 1/25-19311 | I last saw in sur alive on fully 19.3.3; death is said |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stated above, at 1-3062 The |
| 1 8 | 7 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | acutate may no |
| 9. Industry or business in which | | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | |
| 10. Date deceased last worked at this occupation (month and | 11. Total time (years) spent in this | |
| year) | occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | 1. 16 | |
| | alice of | |
| 13. NAME JUGA WAS | murypa | |
| 14. BIRTHPLACE (city or town) (State or country) | A | Nama of operation |
| ~ 1 | 0.51.4 | What test confirmed diagnosis? Was there an aulopsy? |
| 15. MAIDEN NAME | walls | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| | arl. | Accident, suicida, or homicida? |
| (Slate or country) | | Where did injury occur? (Specify city or town, county and State) |
| 17. INFDRMANT (Address) | adan Mil | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | | Manner of injury |
| Place Juntes mid | Date July 4, 1922 | Nature of injury |
| 10 HADEDTAKED A A SAG | nes O Ame | 24. Was disease or injury in any way related to occupation of deceased? |
| 19. UNDERTAKER (Address) | as es told | If so, specify |
| 1/2/23 (500) | 940 | (Signed) The Manual M. D. |

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| of onset The principal cause of death and related causes Date of on of importance were as follows: |
|--|
| |
| 915 Attack of epilepsy 1 week |
| 921 Run over by street car 1 week |
| 5,1927 Peritonitis 3 days |
| Other contributory causes of importance: 1,1923 Gastroenteritis 1 yea |
| 6 |

PLACE OF DEATH STATE OF MARYLA CERTIFICATE OF DEATH Registration Dist. No. / (If death occurred inWard) a hospital or institution, give its NAME instead of street PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED. PERMANI BINDIN OR DIVORCED pino (Write the word) nay (Day) 17 HEREBY CERTIFY, That I attended the decested from 6 DATE OF BIRTH ee instructions tha (Day) (Year) (Month) 7 AGE Ilf LESS than and that death occurred on the date stated above, at . The CAUSE OF I day hrs. terms min.? B OCCUPATION RESERV (a) Trade, profession or XX particular kind of work plai (b) General nature of industry important. business, or establishment in (Duration) _____yrs.....mos..... 2 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) DO 10 NAME OF (Signed) FATHER 0 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in Ideaths from caus caus Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental. Suicidal or Homicidal. 12 MAIDEN NAMEL 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of death... OF MOTHER ys......ds. (State or Country) T Where was disease contracted, if not at place of death?.. MY KNOWLEDGE CIANS sho Former or usual residence. DATE OF BURIAL 19 PLACE DF BURIAL OR REMOVAL ADDRESS 20 UNDERT If more bianks are needed, addre a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm taumer. Leaver of the en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the Architect, Locomotive engineer, (6) The ques-Grocery

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for inalignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the Measles; " etc.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH (1709) |
|--|--|
| -1. PLACE OF DEATH | |
| County Charles | Registration Dist. No. 106 |
| Village or City Indian Head | No. & & Patton & St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 2 yrs, 2 most | ^ |
| 2. FULL NAME Charlotte Jane 97 | Tillo. |
| (a) Residence: No. 8 8 Patton (Rd. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Seely (Month) 8 (Day) 93 2 (Yeer) |
| 5e. If married, widowed, or divorced HUSBAND of | Kelly (Month) /8 (Day) /933 (Yeer) |
| (or) WIFE of | 22. HEREBY CERTIFY That I ettended deceesed from |
| 6 DATE OF RIPTH (month dev and veer) Queg. 25, 1852 | July 19 32 10 July 1933 |
| or birth of birth, doy, and jeer) | I lest sew her elive on July (16, 1933; death is said |
| 7. AGE Yeers Months Deys If LESS then 1 dey, hrs. | to have occurred on the date stated above, at 4 . 1.0 Hm. The PRINCIPAL CAUSE OF DEATH and related causes of importence |
| ormin. | were as follows: Date of onset |
| of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Caremonia right |
| 9. Industry or business in which | breast (1 10/1929 |
| work was done, es SiLK MILL, SAW MILL, BANK, etc. | |
| 10. Oato decessed last worked et this occupation (month and year) | |
| | Other Contributory Causes of importence: |
| 12. BIRTHPLACE (city or town) Forest Surve, Md. | Chrone myocardiles |
| 1 20 0 1/ 02 00 | Deveral Vastherra |
| | |
| 14. BIRTHPLACE (city or town) Mute Planes, Ma. | |
| | What test confirmed diegnosis? |
| | 23. If deeth wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? |
| Section (Stete or country) | Where did injury occur? |
| Chloring Marson Mr. Ol | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT Chlorine Mary Tills (Address) Indian Head Wil | Specify with the section of the sect |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Pleco Ponifrit, ma. Dete July 20, 1933 | Neture of injury |
| 19. UNDERTAKER Huit & Ryon (Address) Walkert, and. | 24. Was disease or injury in any way related to occupetion of deceesed? |
| 20, FILED July 18, 1933 F.E.D. unning ton. | (Signed) . La Jane M. D. |
| Registrar. | (Address) - Charles - / Mad |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

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| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC | TION is very important. See instructions on back of certificate. |
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| STATE OF MARYLAND— | CERTIFICATE OF DEATH 07091 |
|--|---|
| 1. PLACE OF DEATH | 117a |
| County Charles (w | Registration Dist. No. 153. |
| Village or City Sel Class | No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME July Highs | |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) wite of | , 19, to, 19 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance |
| 8 Trade profession or particular | Brandin Sueus Oate of onset |
| SAWYER, BOOKKEEPER, etc. | |
| Andustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc | V |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation | |
| all lead of | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| II 13. NAME July Straft | |
| 13. NAME 14. BIRTHPLACE (city or town) | Neme of operationOate of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME TO THE ASSESSMENT OF THE STATE OF THE STA | 23. If death wes due to external causes (VIOLENCE) fill in also the following: |
| O 16, BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? |
| 17. INFORMANT Surselly (Address) | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place 7, 1933 | Nature of injury |
| 19. UNDERTAKER & Dan Simil / act] | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Bulalton | If so, specify |
| 20. FILED 1933 Cha? (1) 120/24 | (Signed) lika of Holy M.D. |
| Registrar. | (Address) Paul altan Puch |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| il. | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonilis | 3 days ago |
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| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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